FEDERAL I.D. NO.



NAME OF ELIGIBLE PROJECT

BROWNFIELD REDEVELOPMENT PROGRAM APPLICATION FOR CLAIMING REMEDIATION TAX CREDITS

READ PAGES 7-8 OF INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

THIS SCHEDULE IS TO BE COMPLETED BY TAXPAYERS CLAIMING THE REMEDIATION TAX CREDITS AND IS TO BE ATTACHED TO FORM 447 OR 447-A, WHICHEVER IS APPLICABLE, ALONG WITH ALL NECESSARY SCHEDULES.

PLEASE			AND TAXPAYER FEDERAL I.D. NO. AND			
TYPE	ADDRESS OF ELI	IGIBLE PROJECT (STREET AN				
OR						
PRINT	CITY	COUNTY	STATE ZIP CODE		MISSOURI TAX I.D. NO. (MITS)	
NOT INCL remediation BE ATTAC	UDE any costs as costs arising from	incurred DURING THIS P sociated with your respons in your ongoing business of H A SEPARATE SPREA PARATELY.	ibility to comply we perations. COPIES	ith environmental re OF PAID INVOIC	quirements at the eligible EES AND CANCELLE	e project, or any D CHECKS MUST
	DESCR	IPTION	INVOICE DATE	AMOUNT OF INVOICE	CORRESPONDING CHECK NUMBER	AMOUNT ALLOCATED TO REMEDIATION (ELIGIBLE AMT)
MATERI	ALS					,
SUPPLIE	es e					
EQUIPM	ENT					
LABOR						
DDOEEG	CIONAL PERC	ENGINEEDING				
	SIONAL FEES (TING OR ARCI	ENGINEERING, HITECTURAL)				
PERMIT"	TING FEES AN	D EXPENSES			1	

DIRECT UTILITY CHARGES, TOTAL							
NATURAL GAS							
ARTIFICIAL GAS							
ELECTRICITY							
WATER							
SEWER							
OPERATING & MAINTENANCE OF REMEDIATION EQUIPMENT							
DEMOLITION *Only demolition necessary for remediation is eligible for costs, these costs must be listed separately and certified			o receive tax credits for	eligible demolition			
OTHER EVDENCES (SPECIEV)							
OTHER EXPENSES (SPECIFY)							
TOTAL REMEDIATION COSTS \$							
UNDER PENALTIES OF PERJURY, I DECLARE THAT SCHEDULES AND STATEMENTS, AND TO THE BES COMPLETE.							
TAXPAYER'S OR DESIGNEE'S SIGNATURE DATE PREPARER'S SIGNATURE DATE							

MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO: INCENTIVES SECTION, PO BOX 118, JEFFERSON CITY, MO 65102.